

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/555929</b>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DE	IND.	DEP.	IND.	DEP.			
1	/	/					51		
2	/	/	/				52		
3	/	/	/				53		
4	3	/	/				54		
5	2	/	/				55		
6	2	/	/				56		
7	2	/	/				57		
8	2	/	/				58		
9	2	/	/				59		
10	2	/	/				60		
11	/	/					61		
12	/	/					62		
13	/	/					63		
14	2	/	/				64		
15	2	/	/				65		
16	2	/	/				66		
17	/	/					67		
18	2	/	/				68		
19	2	/	/				69		
20	2	/	/				70		
21	2	/	/				71		
22	2	/	/				72		
23	2	/	/				73		
24	2	/	/				74		
25	2	/	/				75		
26	2	/	/				76		
27	/	/					77		
28	/	/					78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	25	←	23	←	28	←	TOTAL DEP.	←	←
TOTAL CLAIMS	30	28	28	28	28	28	TOTAL CLAIMS	28	28